

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1985

1. PLACE OF DEATH

County Caldwell
Township Lincoln
City Council Bluffs (No. 1)

Registration District No. 95
Primary Registration District No. 3141

File No. _____
Registered No. 13 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lewis McCann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Ray Co Mo.

13. NAME Geo W Ballou

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sarah Jane Ball

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) O. C. McCann Council Bluffs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Bluffs DATE Mar 19

19. UNDERTAKER (ADDRESS) Chas & L. Reed Council Bluffs Mo

20. FILED Feb 5, 1941 Mrs. M. D. Forbes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1941

22. I HEREBY CERTIFY, that I attended deceased from Jan 15, 1941 to Jan 30, 1941. I last saw her alive on Jan 30, 1941. Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (arteriosclerotic) Date of onset 1-29-41

Acute Influenza 94 W Dec. 1940

Other contributory causes of importance: Generalized Arteriosclerosis (Hypertensive) years 30

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) L. E. Goldberg M. D.
(Address) Polk, Mo.

I hereby certify that the body whose
name is recorded on the reverse
of this Certificate was embalmed by

Chas. Reed

Licensed Embalmer # 2194

Conzill, Mo.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1985-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 95-

Primary Registration District No. 5141

Registrar's No.

1. PLACE OF DEATH:

- (a) County. Caldwell
(b) City or town. Linn
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT
FULL NAMEMildred Ann (McCan)

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

F5. Color or
raceW

6. (a) Single, widowed, married,
divorced. m

- (b) Name of husband or wife

Leuro McCan

6. (c) Age of husband, or wife, if
alive years

- Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77229

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

Mrs. M. D. Fisher

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. Missouri (b) County. Caldwell

- (c) City or town. Coville

(If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

10. DATE OF DEATH. Month. Jan day. 30

year. hour. minute. M.

21. I hereby certify that I attended the deceased from

, 19, to, 19;

that I last saw him alive on, 19;

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. E. Goldberg (M. D. or other)

Address Rolla, Mo. Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

